

**Print Form**

Contra  
Costa  
County

Please return completed applications to:

Clerk of the Board of Supervisors

651 Pine St., Room 106

Martinez, CA 94553

or email to: ClerkofTheBoard@cob.cccounty.us

**BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION**

<b>First Name</b> Carol	<b>Last Name</b> Asch
<b>Home Address - Street</b> [REDACTED]	<b>City</b> [REDACTED]
<b>Phone (best number to reach you)</b> [REDACTED]	<b>Zip Code</b> [REDACTED]
<b>Resident of Supervisorial District:</b> [REDACTED]	<b>Email</b> [REDACTED]

**EDUCATION** Check appropriate box if you possess one of the following:

High School Diploma       CA High School Proficiency Certificate       G.E.D. Certificate

Colleges or Universities Attended	Course of Study/Major	Degree Awarded	
San Diego State University	Vocational Rehabilitation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Stanford University	Russian	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
University of California Berkeley	Slavic Languages and Literatures	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Other Training Completed: [REDACTED]

<b>Board, Committee or Commission Name</b> Workforce Development Board	<b>Seat Name</b> Department of Rehabilitation
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Have you ever attended a meeting of the advisory board for which you are applying?

No

Yes If yes, how many?

[REDACTED] unsure - have been on the board for years

Please explain why you would like to serve on this particular board, committee, or commission.

As Regional Director for the Department of Rehabilitation, Greater East Bay District, I would be best suited to take on this seat.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I have served on this board for over 7 years as the representative for Vocational Rehabilitation. Through my work with the Department of Rehabilitation, I have over 20 years experience assisting individuals with disabilities in obtaining employment.

I am including my resume with this application:

Please check one:  Yes  No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.

Please check one:  Yes  No

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one:  Yes  No

List any volunteer and community experience, including any boards on which you have served.

Currently on the Workforce Development Board.

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55)

Please check one:  Yes  No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one:  Yes  No

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publicly accessible. I understand and agree that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed:  Date: 1/6/2020

Submit this application to: Clerk of the Board of Supervisors  
651 Pine St., Room 106  
Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 335-1900 or by email at ClerkofTheBoard@cob.cccounty.us

**Important Information**

- 1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
- 2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
- 3. Members of certain boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
- 4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
- 5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
- 6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
- 7. As indicated in Board Resolution 2011/55, a person will not be eligible for appointment if he/she is related to a Board of Supervisors member in any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.
- 8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.